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FOREIGN BODIES IN THE AIR-PASSAGES.

A STUDY OF

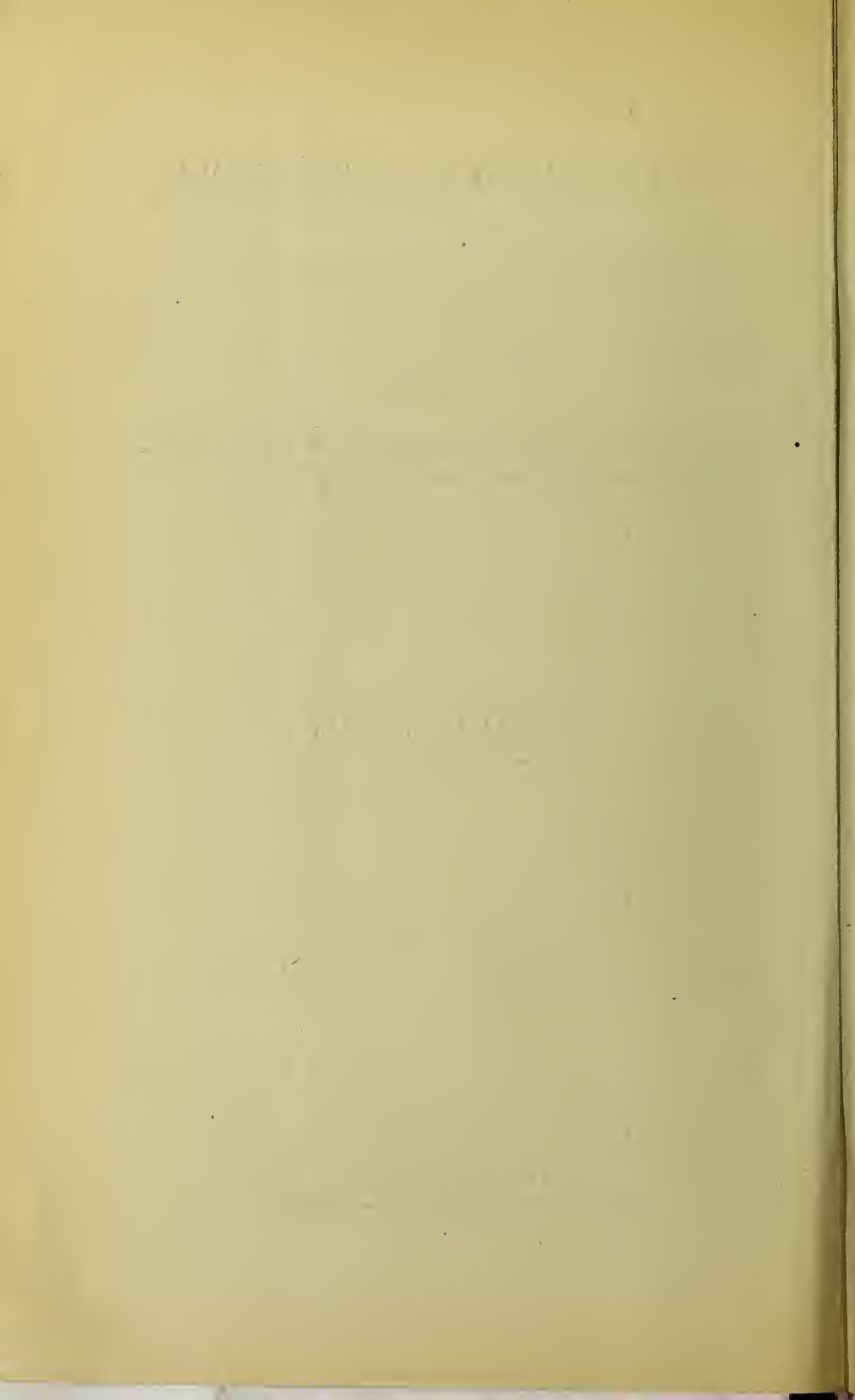
ONE THOUSAND CASES TO DETERMINE THE PROPRIETY OF BRONCHOTOMY IN SUCH CASES.

BY

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FOREIGN BODIES IN THE AIR-PASSAGES.*

One of the evidences of the advancement of surgical science is that its *dicta* no longer emanate from an individual, but are formulated from the united experience of the profession. Every one, therefore, who adds a new fact or assists in classifying those furnished by others aids in their construction and becomes in part responsible for them. This divided responsibility, as well as the respectful hearing which labor alone secures for even the most obscure student, give me the courage to appear before you and question whether one of the accepted rules in surgical practice is correct.

Although Frédéric Monavius in 1644 formally advised tracheotomy for the removal of foreign bodies in the air-passages,† and Verduc and Heister called attention in 1739 to new facts and advised the operation,‡ and Louis in his celebrated memoir in 1759,‡ after presenting the facts previously published, declared himself strongly in favor of bronchotomy in such cases, it was not until a much later period that there was a general agreement among surgeons as to the propriety of the operation in cases of this accident. Indeed it was only since the elaborate discussion on Foreign Bodies in the Air-passages by Prof. Gross in 1854 that this was effected.

In the work referred to Prof. Gross says there has been established "the important practical precept to resort to bronchotomy

* Read before the American Surgical Association, in Philadelphia, June 1, 1882. All the tables mentioned are here omitted, except Table No. 6, which is a summary of the others. All the tables will appear in full in the Transactions of the Association.

† F. Guyon, Dictionnaire Encyclopedique des Sciences Medicales, art. Larynx, p. 725.

‡ *Ib.* p. 698.

in all cases the moment it is known that there is a foreign substance in the windpipe."*

That this statement is a clear enunciation of an established rule in surgery, may be made evident by a brief examination of some of the leading authorities on the subject.

Prof. Gross, in the work already quoted, in his general summary says, inasmuch as no confidence can be placed in other means, "It follows as a necessary corollary that bronchotomy affords the best chance of relief, and that consequently it should always be resorted to as early as possible, unless there is some special contra-indication."† In the last edition of his *Surgery* this opinion is reaffirmed in these words: "Having satisfied himself that the foreign body is in the air-passages, the sooner the windpipe is opened the better."‡

Mr. Erichsen says, "If a patient be seen a few hours, days, or weeks after a foreign body has been introduced into the air-passages, or indeed at any period after the accident, and inversion have failed, tracheotomy ought to be performed; and this should be done even though the symptoms be not urgent."§

Mr. A. E. Durham says, "When a foreign body is known to be retained in some part or other of the air-passages, the promptest treatment is demanded. The surgeon should not trust to the unaided efforts of nature to expel the extraneous substance. As a general rule, the windpipe should be opened with as little delay as possible in every case in which a foreign body is certainly known to be retained in any part of the air-passages."||

Mr. T. Holmes says, "When the diagnosis of a foreign body has been made, the surgeon should allow no delay in removing it at once."¶

Says Mr. Bryant, "Given the diagnosis of a foreign body in the windpipe, the duty of the surgeon plainly is to endeavor to remove it. There should be no deviation from this rule. The

* *A Practical Treatise on Foreign Bodies in the Air-passages*, p. 229.

† *Id.* p. 458. ‡ *Prin. and Prac. of Surgery* (ed. 1878), vol. 2, p. 409.

§ *Science and Art of Surgery* (Amer. ed. 1869), p. 388.

|| *Holmes's System of Surgery* (Amer. ed.), vol. 1, p. 710.

¶ *Treatise on Surg.*, its *Prin. and Prac.*, p. 211.

surgeon should never allow himself to be misled by the mildness of the symptoms, nor by the knowledge that in rare instances foreign bodies have remained in the passage for years and even then expelled, as such cases are exceptional. The accident is one that will inevitably destroy life, although it must be doubtful at what time or in what form danger may appear." *

Opinions similar to the above might be easily multiplied, but to add to them would be a needless repetition, as they are sufficient to establish the proposition that it is at present a doctrine in surgery *that, as a general rule, the certainty of the presence of a foreign body in the air-passages makes bronchotomy necessary.*

Prof. Gross observes that "no man, however old or however great his opportunities for observation, can possibly have much experience in this branch of surgery.† It therefore follows as a necessary consequence that the rule given rests chiefly on the collective experience that has from time to time been assembled in statistical tables, the most complete and authoritative of which are those of Prof. Gross and Mr. Durham. These tables certainly seem to afford a sufficient basis on which to rest the conclusion that in cases of foreign bodies in the air-passages bronchotomy offers a far better chance of recovery than waiting for spontaneous expulsion. A brief examination of the tables in question will make this apparent. Prof. Gross's tables‡ contain the particulars of eighty-five cases of the accident not subjected to bronchotomy. Of these, fifty-six, or 65.76 per cent, recovered (including three cases of expulsion by use of emetics and four by inversion of the body), and twenty-nine, or 34.11 per cent, died (including eight cases of death after spontaneous expulsion).

Bronchotomy was practiced in ninety-eight cases, eighty-three, or 84.69 per cent, recovered, and fifteen, or 15.30 per cent, died.

Mr. Durham reports§ two hundred and seventy-one cases

* Practice of Surg., p. 562.

† Foreign Bodies in Air-passages, p. viii.

‡ Foreign Bodies in the Air-passages.

§ Holmes's System of Surgery, vol. I (Amer. ed.), pp. 709-10.

without operation; one hundred and fifty-six recovered, or 57.5 per cent; one hundred and fifteen died, or 42.5 per cent. Cases operated on, two hundred and eighty-three; recovered, two hundred and thirteen, or 75.2 per cent; seventy died, or 24.8 per cent. Among the cases of Mr. Durham reported as recovering after operation, are three cases of direct extraction, and twelve by inversion of the body and succession. These should be excluded in estimating the chances of recovery with and without the operation. Doing this there remain two hundred and sixty-eight cases subjected to bronchotomy; one hundred and ninety-eight recovered, 73.88 per cent, and seventy died, or 26.11 per cent.

Mr. Durham, in another table,* reports one hundred and sixty-seven cases of tracheotomy for foreign bodies in the air-passages. Of these, one hundred and thirty recovered, or 77.85 per cent; thirty-seven died, or 22.15 per cent. Adding the cases of Prof. Gross to those of Mr. Durham, the result is a total of seven hundred and twenty-two cases; three hundred and fifty-six without operation, and two hundred and twelve recoveries, or 59.55 per cent—one hundred and forty-four deaths, or 40.49 per cent. With operation three hundred and sixty-six, two hundred and eighty-one recovered, or 76.77 per cent, and eighty-five died, or 23.22 per cent—a difference of 17.22 per cent in favor of operation.

In 1867 I collected and published† the particulars in relation to one hundred and sixty-three cases of foreign bodies in air-passages. The results of these cases were so greatly at variance with reports of a similar kind previously published that I was led on the advice of Prof. Gross to continue the collection of cases. Accordingly, in 1879 I issued a circular to the profession asking for a report of cases. This circular was extensively distributed throughout the United States and Europe, and met with a liberal response; and the cases reported, together with a small number collected from medical journals, make an aggregate of one thousand. The particulars in relation to these cases may be found in the accompanying tables. The chief value of the

*Holmes's System of Surgery, vol. I (Amer. ed.), p. 714.
State Med. Soc. 1867.

†Trans. Indiana

tables, perhaps, arises from the fact that it is only possible for a small number of the cases to have ever been used in a statistical inquiry, as eight hundred and ninety-seven are reported as never having been published.* A large amount, therefore, of new material is presented for use in determining the validity of the surgical rule previously given in cases of foreign bodies in the air-passages.

As table No. 6, which is a summary of those preceding it, contains in a compact form all the facts important for statistical purposes, it would be a needless repetition to reproduce other than the leading ones here. In sixty-three cases the foreign body was removed by operative measures other than bronchotomy—e. g. with forceps, with or without the aid of the laryngoscope, etc. These are excluded in calculating the chances of recovery afforded by bronchotomy, compared with those following the plan of non-interference. There remain nine hundred and thirty-seven cases; of these, five hundred and ninety-nine were not subjected to bronchotomy; four hundred and sixty recovered, or 76.79 per cent; one hundred and thirty-nine died, or 23.20 per cent.

Bronchotomy was performed in three hundred and thirty-eight cases, with two hundred and forty-five recoveries, or 72.48 per cent; ninety-three patients died, or 27.42 per cent—a difference in favor of non-interference of 4.31 per cent. In cases without operation these tables show 11.03 per cent more recoveries than do those of Prof. Gross, and 19.29 per cent than those of Mr. Durham, and 7.24 per cent than the aggregate of the cases of Prof. Gross and Mr. Durham. In the cases in which bronchotomy was performed, the tables show 12.21 per cent less recoveries than those of Prof. Gross, 1.40 per cent less than those of Mr. Durham, and 4.29 per cent less than the united cases of these gentlemen. Combining the cases here reported with those of Prof. Gross and Mr. Durham, the result is a total of nine hundred and fifty-five cases without operation, of which two hundred

937 (only)
 555 op. m.
 480 cur.
 76. h c
 139 0°
 23. h
 Operative
 338
 93.0
 27.1
 245.0

*The cases collected from original sources and reported to me as unpublished, contained in my report to the Indiana State Med. Soc. in 1867, I here report as unpublished, as this is but a continuation of that work.

and eighty-three, or 29.78 per cent, died. The sources named furnish a total of seven hundred and nineteen bronchotomies, with one hundred and seventy-eight deaths, or 24.75 per cent. As a result of this study of one thousand six hundred and seventy-four cases, it appears that without operation there is one death in 3.5 cases, and one in four after bronchotomy.

The cases of laryngotomy, reported by Prof. Gross, give 76.52 per cent of recoveries, and 23.50 per cent of deaths; cases of laryngo-tracheotomy, 76.92 per cent of recoveries and 23.8 per cent of deaths; and the cases of tracheotomy, 88.23 per cent of recoveries and 11.76 per cent of deaths.

Mr. Durham reports 76.52 per cent of recoveries after laryngotomy, and 23.50 per cent of deaths; 75 per cent of recoveries after laryngo-tracheotomy, and 25 per cent of deaths; and 73.59 per cent of recoveries after tracheotomy, and 26.40 per cent of deaths. In the tables appended, thirty-six cases of laryngotomy give thirty recoveries, or 83.33 per cent, and six deaths, or 16.66 per cent; twenty-six cases of laryngo-tracheotomy give nineteen recoveries, or 73.07 per cent, and seven deaths, or 26.93 per cent; and two hundred and seventy-six cases of tracheotomy give one hundred and ninety-six recoveries, or 71.02 per cent, and eighty deaths, or 28.98 per cent. The tables of Prof. Gross, Mr. Durham, and my own give seventy cases of laryngotomy, with fifty-six recoveries, or 80 per cent, and fourteen deaths, or 20 per cent; fifty-nine cases of laryngo-tracheotomy, with forty-four recoveries, or 74.57 per cent, and fifteen deaths, or 25.42 per cent; and six hundred and five cases of tracheotomy, with four hundred and forty-nine recoveries, or 74.21 per cent, and one hundred and fifty-six deaths, or 25.78 per cent.

It appears from this calculation that after laryngotomy for foreign bodies in the air-passages, one patient in five dies; and after laryngo-tracheotomy and tracheotomy, one in four dies.

Although this study of the combined tables yields results slightly different from those furnished by my own—being a little more favorable for bronchotomy—the difference is too slight to furnish an argument in support of the existing surgical rule.

This becomes apparent when the cases here presented are examined alone.

If table No. 6 is examined, the fact will be disclosed that a study of the new material presented does not tend to establish the correctness of the opinion that the presence simply of a foreign body in the air-passages determines the necessity of bronchotomy.

The foreign body that most frequently finds a lodgment in the air-passages is a grain of corn (*maize*), one hundred and seventy-seven examples are here presented. In these cases spontaneous expulsion followed by recovery occurred in sixty-six, or 71.74 per cent. There was a fatal result in twenty-six, or 28.26 per cent, cases without operation. Bronchotomy was practiced in eighty-five; sixty-six recovered, or 77.64 per cent and nineteen died, or 22.36 per cent.

In one hundred and nine cases a watermelon-seed (*Cucumis citrullus*) was the extraneous substance. Of the seventy-five cases without operation, seventy, or 93.33 per cent, recovered, and five, or 6.66 per cent died; and of the thirty-four cases in which bronchotomy was practiced, twenty-six, or 76.47 per cent recovered, and eight, or 23.53 per cent, died—a death-rate 16.87 per cent greater than in the cases without operation.

In ninety cases the foreign substance was a bean. Of fifty-one cases without operation, thirty, or 58.82 per cent, recovered, and twenty-one, or 41.17 per cent, died. Bronchotomy was performed in thirty-nine cases; twenty-four, or 61.54 per cent, recovered, and fifteen, or 38.46 per cent, died—a mortality 2.71 per cent more favorable than in the cases without operation.

In fifty-nine cases a grain of coffee was lodged in the air-passages. Of the thirty-four cases without operation, twenty-nine, or 85.29 per cent, recovered, and five, or 14.71 per cent, died. Of the twenty-five cases operated on, fourteen, or 56 per cent, recovered, and eleven, or 44 per cent, died—a death-rate 29.29 per cent greater than in the cases without bronchotomy.

Under the head of "seeds of various kinds" are found ninety-four cases; fifty-eight without operation, and forty-seven, or

81.03 per cent, recoveries, and eleven, or 18.96 per cent, deaths. In thirty-six cases operated on, there were twenty-seven, or 75 per cent, recoveries, and nine, or 25 per cent, deaths, or 7.04 per cent more than in the cases without operation.

In three hundred and seventy-one cases in which the foreign body comes under the head "miscellaneous," two hundred and sixty-three cases were without operation; of these, one hundred and ninety-nine, or 75.67 per cent, recovered, and sixty-four, or 24.33 per cent, died. In one hundred and eight cases of bronchotomy, there were seventy-seven, or 71.29 per cent, recoveries, and thirty-one, or 28.71 per cent, deaths—a number 4.38 per cent greater than in the cases without operation.

In presenting these facts, I am not seeking to bring bronchotomy into discredit in cases of foreign bodies in the air-passages. In a large number of cases the larynx or the trachea must be opened to save life, and the surgeon who fails to urge the necessity of prompt operation will be neglectful of his duty. I am only striving to show that the present accepted rule is too broad; that in many cases when it is certainly known that the trachea or bronchia contains a foreign body, the patient will be more likely to recover if trusted to the chance of spontaneous expulsion, than he will if subjected to operation. If this teaching be accepted, it will be important to determine in what cases bronchotomy should be performed and in what cases avoided. The cases presented will offer some assistance in the solution of the question. When the nature of the foreign body is known, the propriety of an operation can be more easily determined than when it is not, as it is apparently settled that certain substances are much more likely to be expelled spontaneously than others.

Among the great variety of substances that sometimes find a lodgment in the air-passages, watermelon-seeds, after grains of corn, are the most frequent; yet the tables show that in the cases in which a watermelon-seed was the foreign substance, there was spontaneous expulsion and recovery in 93.33 per cent, or 16.86 per cent more than in the cases subjected to bronchotomy. When the accident was the result of the introduction of a grain

of coffee, the cases trusted to the efforts of nature gave 29.29 per cent more recoveries than in the cases in which bronchotomy was performed.

And in the cases in which seeds of different kinds and miscellaneous substances found a lodgment in the air-passages, a percentage is found in favor of non-interference. The deduction from these facts is, that when the foreign body is one of the kind mentioned, nature will effect more cures than the surgeon. This is the general deduction, but cases will frequently occur in which an operation is imperatively demanded, whatever the foreign substance may be. The conditions demanding a variation from the general rule will be noticed presently.

When the foreign body is impacted in one of the bronchia, the chances of expulsion at the time of operation are small, and attempts at extraction by instruments generally end in failure. Ninety-three deaths are reported after bronchotomy in these tables.

In seventy-three cases, or 78.38 per cent, the foreign body was not removed. It is probable that in a large number of these cases the foreign body was impacted in one of the bronchia. It is evident, therefore, that an operation undertaken in such a condition offers but little chance of success. No argument is needed to prove that when a foreign body is so impacted in the trachea or one of the bronchia as to make its removal impossible, the addition of a serious wound of the larynx or trachea must add to the patient's danger; yet one source of increased danger may be mentioned.

In cases where the foreign body is not removed after tracheotomy, death from pneumonia is more likely to occur than in cases without operation. In the cases of death after operation and without the removal of the foreign body, pneumonia is put down as the cause in 30.13 per cent, while the same disease caused death in only 18.70 per cent of the fatal cases without operation and without the removal of the foreign body—a difference of 11.43 per cent. It is a legitimate inference in cases of impaction of the kind described, that the chances of life are diminished by bronchotomy. It is admitted that in many cases

of impaction the wound in the windpipe has been kept open and the foreign body expelled after a considerable period of time, but there is an equal number of cases in which no operation was performed, and the same fortunate result occurred. In five cases reported in the tables, tracheotomy was performed, and several months after the closure of the wound the foreign body was spontaneously expelled. In these cases the danger of a serious operation was added to that which arose from the presence of the foreign body. These patients survived, but how many of the seventy-three patients reported as dying after operation, and without expulsion of the foreign body succumbed because of the operation, is a question that never will be answered. In a number of cases an operation was strongly advised, but declined, and recovery followed spontaneous expulsion. In two cases an operation was actually commenced, but abandoned because of hemorrhage, yet the patient recovered.

In many cases the foreign body—after the first paroxysm of strangulation has passed—causes but little if any trouble, even when it remains for a long period. While we can not be certain that these patients are ever free from danger while the foreign body is retained, it can be said, basing the assertion upon the results here presented, that non-interference affords a better chance of recovery than bronchotomy.

When non-interference is spoken of, I refer to the operation of bronchotomy. In some cases the foreign body may be removed by other means; forceps may be used. The laryngoscope in certain instances will enable the surgeon to use this instrument with precision and success. In every case that offers a reasonable prospect of success, an effort at direct extraction should be made. The ninety-three cases here reported in which the foreign body was thus removed are evidence that success may sometimes be expected.

Although cases are reported in these tables in which expulsion of a foreign body was effected during the acts of sneezing or vomiting, my investigations do not lead me to hold errhines and emetics in higher esteem than do most surgeons of the pres-

ent day. Indeed, it is my conviction that they should never be employed. In regard to inversion of the body and succussion, I hold the same opinion expressed in relation to the use of emetics. Although success sometimes attends their employment, as shown by the twenty-six cases here reported, the danger of causing immediate death is so great as to overshadow the occasional success reported. I am therefore fully in accord with the surgeons who teach that these means should never be employed, unless the surgeon is ready to open the windpipe at once should an emergency occur. It would be a still better teaching, I believe, to say that these methods should *never* be resorted to until after an opening into the windpipe has been made.

These observations, in relation to other means than bronchotomy for the removal of foreign bodies from the air-passages, are hardly relevant to the subject under consideration. Their importance, however, permits their introduction here.

Having attempted to show why bronchotomy should not be resorted to in many cases where an extraneous substance has been introduced into the air-passages, it remains to notice the cases in which a resort should be had to the knife. It very rarely happens that a surgeon sees a case of this accident during the paroxysm of strangulation that immediately follows the introduction of a foreign body into the air-passages. The question of operation is usually presented at a later period.

Whenever the symptoms continue urgent, or attacks of threatening suffocation come on frequently, bronchotomy should be resorted to without unnecessary delay, provided that direct extraction is not practicable. When threatening symptoms are continuous, it will generally be found that the foreign body is lodged in the larynx, and causing signs of rapid strangulation by reflex action, or a constantly-increasing embarrassment of respiration by stenosis depending on edema, or active inflammation. In such cases the sooner an operation is performed the better. Of the two conditions mentioned as causing constant serious symptoms, the second is the most dangerous, although

there may be no paroxysms of strangulation after the first. In such cases there can hardly be a hope of spontaneous expulsion. I have lately seen a child die in this way. While the child was at play with a piece of dried apple in its mouth, a sudden fit of strangulation came on that lasted only for a short time. An hour afterward, when I saw the child, there was no distress, and no symptoms indicating a serious accident beyond a slight embarrassment of respiration and huskiness of the voice. I advised that no operation be performed before the advent of other symptoms. No more paroxysms of strangulation appeared, but the difficulty of respiration slowly increased for two days. Then bronchotomy was proposed, but declined. The symptoms steadily grew worse, and the patient slowly died from asphyxia at the end of the fourth day after the accident. On examination after death, a small, thin piece of the coriaceous seed-envelop of an apple was found in the right ventricle of the larynx. The mucous membrane of the larynx and the tissues beneath were highly edematous. While it is hardly possible that this foreign body could have been directly removed by an operation—its discovery even at the autopsy being difficult, owing to its color, small size, and position—life might have been prolonged by an opening below the seat of obstruction, and a chance been thus gained of spontaneous expulsion at a later period.

A similar condition of the larynx may be present even when the foreign body is lodged in the trachea or bronchia. I saw an excellent example of this kind while writing these pages. A boy four years old, while playing with grains of corn (maize) in his mouth, suddenly strangled. The urgent symptoms lasted for some time. After they had subsided, the child was brought a distance of several miles to me. When I saw him, the respiration was not greatly embarrassed. The grain of corn was evidently lodged in the right bronchus. I advised delay, and heard no more of the case for three days. Then I was sent for, and found the conditions greatly changed. The foreign body still remained in the bronchus, interfering much with the passage of air into the right lung. All the signs of slow asphyxia were

present depending on obstruction in the larynx. No paroxysm of strangulation had occurred since the first. I made the operation of laryngo-tracheotomy without further delay. The grain of corn was not dislodged from its position. An instrument was passed through the wound into the mouth, on the supposition that a second grain of corn might be in the larynx. None was found. After the operation the respiration was free and easy. The wound was kept open, and twenty-four hours after the operation the foreign body escaped through the wound. Several days elapsed before the obstruction in the larynx passed away. The cause of this stenosis I do not know. It may have been the introduction of the father's finger into the throat to provoke vomiting at the time of the accident. However produced, it was this condition that made the operation absolutely necessary, and not the grain of corn impacted in the bronchus.

When the foreign body is loose in the trachea, its movements cause frequent attacks of strangulation. In such a case bronchotomy is demanded, not only to afford present relief, but to obviate the great danger of sudden death from a lodgment of the extraneous body in the rima glottidis.

I am aware that statistical evidence is not always reliable; that in surgical practice it can do no more than indicate in any given case what is probably the correct course of action. But as the surgical rule here examined has been established on this kind of evidence, it is surely admissable to ask for a reconsideration of the matter, in order that new testimony of the same character may be introduced and have its proper influence in determining if the old decision shall be reaffirmed or reversed.

The Fellows of this Association will place, I am sure, a correct value on the new material here presented, and if they are convinced that in these investigations I have sought only the truth, I shall be rewarded for the no small amount of labor expended in collecting and arranging the cases reported in these tables—cases that in my opinion justify the following conclusions, viz:

1. When a foreign body is lodged either in the larynx, trachea, or bronchia, the use of emetics, errhines, or similar means

should not be employed, as they increase the sufferings of the patient and do not increase his chances of ^{*}recovery.

2. Inversion of the body and succussion are dangerous, and should not be practiced unless the windpipe has been previously opened.

3. The presence simply of a foreign body in the larynx, trachea, or bronchia does not make bronchotomy necessary.

4. While a foreign body causes no dangerous symptoms, bronchotomy should not be performed.

5. While a foreign body remains fixed in the trachea or bronchia, as a general rule bronchotomy should not be practiced.

6. When ^{when} symptoms of suffocation are present or occur at frequent intervals, bronchotomy should be resorted to without delay.

7. When the foreign body is ^{when} lodged in the larynx, there being no paroxysms of strangulation, but an increasing difficulty of respiration from edema or inflammation, bronchotomy is demanded.

8. When the foreign body is ^{when} movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.

Bronchotomy when

found in larynx

a movable air passage

FOREIGN BODIES IN THE AIR-PASSAGES. Table No. 6. Summary of Tables Nos. 1, 2, 3, 4, and 5.

CASES.—WITHOUT OPERATION.	NO. AND SEX.		RECOVERIES & D'THS.		AGES OF PATIENTS RECOVERED.		AGES OF PATIENTS.—DEATHS.		PERIOD OF EXPULSION.		HOW EXPELLED		CAUSE OF DEATH.		PUB. OR NOT.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	Total No.	Male.	Female.	Deaths.	Per Cent of Recoveries.	Per Cent of Deaths.	Under 1 Year.	Over 1 Year.	Under 1 Day.	1 to 2 Days.	2 to 3 Days.	3 to 4 Days.	4 to 5 Days.	5 to 6 Days.	6 to 7 Days.	7 to 8 Days.	9 to 10 Days.	11 to 12 Days.	13 to 14 Days.	15 to 16 Days.	17 to 18 Days.	19 to 20 Days.	21 to 22 Days.	23 to 24 Days.	25 to 26 Days.	27 to 28 Days.	29 to 30 Days.	31 to 32 Days.	33 to 34 Days.	35 to 36 Days.	37 to 38 Days.	39 to 40 Days.	41 to 42 Days.	43 to 44 Days.	45 to 46 Days.	47 to 48 Days.	49 to 50 Days.	51 to 52 Days.	53 to 54 Days.	55 to 56 Days.	57 to 58 Days.	59 to 60 Days.	61 to 62 Days.	63 to 64 Days.	65 to 66 Days.	67 to 68 Days.	69 to 70 Days.	71 to 72 Days.	73 to 74 Days.	75 to 76 Days.	77 to 78 Days.	79 to 80 Days.	81 to 82 Days.	83 to 84 Days.	85 to 86 Days.	87 to 88 Days.	89 to 90 Days.	91 to 92 Days.	93 to 94 Days.	95 to 96 Days.	97 to 98 Days.	99 to 100 Days.	101 to 102 Days.	103 to 104 Days.	105 to 106 Days.	107 to 108 Days.	109 to 110 Days.	111 to 112 Days.	113 to 114 Days.	115 to 116 Days.	117 to 118 Days.	119 to 120 Days.	121 to 122 Days.	123 to 124 Days.	125 to 126 Days.	127 to 128 Days.	129 to 130 Days.	131 to 132 Days.	133 to 134 Days.	135 to 136 Days.	137 to 138 Days.	139 to 140 Days.	141 to 142 Days.	143 to 144 Days.	145 to 146 Days.	147 to 148 Days.	149 to 150 Days.	151 to 152 Days.	153 to 154 Days.	155 to 156 Days.	157 to 158 Days.	159 to 160 Days.	161 to 162 Days.	163 to 164 Days.	165 to 166 Days.	167 to 168 Days.	169 to 170 Days.	171 to 172 Days.	173 to 174 Days.	175 to 176 Days.	177 to 178 Days.	179 to 180 Days.	181 to 182 Days.	183 to 184 Days.	185 to 186 Days.	187 to 188 Days.	189 to 190 Days.	191 to 192 Days.	193 to 194 Days.	195 to 196 Days.	197 to 198 Days.	199 to 200 Days.	201 to 202 Days.	203 to 204 Days.	205 to 206 Days.	207 to 208 Days.	209 to 210 Days.	211 to 212 Days.	213 to 214 Days.	215 to 216 Days.	217 to 218 Days.	219 to 220 Days.	221 to 222 Days.	223 to 224 Days.	225 to 226 Days.	227 to 228 Days.	229 to 230 Days.	231 to 232 Days.	233 to 234 Days.	235 to 236 Days.	237 to 238 Days.	239 to 240 Days.	241 to 242 Days.	243 to 244 Days.	245 to 246 Days.	247 to 248 Days.	249 to 250 Days.	251 to 252 Days.	253 to 254 Days.	255 to 256 Days.	257 to 258 Days.	259 to 260 Days.	261 to 262 Days.	263 to 264 Days.	265 to 266 Days.	267 to 268 Days.	269 to 270 Days.	271 to 272 Days.	273 to 274 Days.	275 to 276 Days.	277 to 278 Days.	279 to 280 Days.	281 to 282 Days.	283 to 284 Days.	285 to 286 Days.	287 to 288 Days.	289 to 290 Days.	291 to 292 Days.	293 to 294 Days.	295 to 296 Days.	297 to 298 Days.	299 to 300 Days.	301 to 302 Days.	303 to 304 Days.	305 to 306 Days.	307 to 308 Days.	309 to 310 Days.	311 to 312 Days.	313 to 314 Days.	315 to 316 Days.	317 to 318 Days.	319 to 320 Days.	321 to 322 Days.	323 to 324 Days.	325 to 326 Days.	327 to 328 Days.	329 to 330 Days.	331 to 332 Days.	333 to 334 Days.	335 to 336 Days.	337 to 338 Days.	339 to 340 Days.	341 to 342 Days.	343 to 344 Days.	345 to 346 Days.	347 to 348 Days.	349 to 350 Days.	351 to 352 Days.	353 to 354 Days.	355 to 356 Days.	357 to 358 Days.	359 to 360 Days.	361 to 362 Days.	363 to 364 Days.	365 to 366 Days.	367 to 368 Days.	369 to 370 Days.	371 to 372 Days.	373 to 374 Days.	375 to 376 Days.	377 to 378 Days.	379 to 380 Days.	381 to 382 Days.	383 to 384 Days.	385 to 386 Days.	387 to 388 Days.	389 to 390 Days.	391 to 392 Days.	393 to 394 Days.	395 to 396 Days.	397 to 398 Days.	399 to 400 Days.	401 to 402 Days.	403 to 404 Days.	405 to 406 Days.	407 to 408 Days.	409 to 410 Days.	411 to 412 Days.	413 to 414 Days.	415 to 416 Days.	417 to 418 Days.	419 to 420 Days.	421 to 422 Days.	423 to 424 Days.	425 to 426 Days.	427 to 428 Days.	429 to 430 Days.	431 to 432 Days.	433 to 434 Days.	435 to 436 Days.	437 to 438 Days.	439 to 440 Days.	441 to 442 Days.	443 to 444 Days.	445 to 446 Days.	447 to 448 Days.	449 to 450 Days.	451 to 452 Days.	453 to 454 Days.	455 to 456 Days.	457 to 458 Days.	459 to 460 Days.	461 to 462 Days.	463 to 464 Days.	465 to 466 Days.	467 to 468 Days.	469 to 470 Days.	471 to 472 Days.	473 to 474 Days.	475 to 476 Days.	477 to 478 Days.	479 to 480 Days.	481 to 482 Days.	483 to 484 Days.	485 to 486 Days.	487 to 488 Days.	489 to 490 Days.	491 to 492 Days.	493 to 494 Days.	495 to 496 Days.	497 to 498 Days.	499 to 500 Days.	501 to 502 Days.	503 to 504 Days.	505 to 506 Days.	507 to 508 Days.	509 to 510 Days.	511 to 512 Days.	513 to 514 Days.	515 to 516 Days.	517 to 518 Days.	519 to 520 Days.	521 to 522 Days.	523 to 524 Days.	525 to 526 Days.	527 to 528 Days.	529 to 530 Days.	531 to 532 Days.	533 to 534 Days.	535 to 536 Days.	537 to 538 Days.	539 to 540 Days.	541 to 542 Days.	543 to 544 Days.	545 to 546 Days.	547 to 548 Days.	549 to 550 Days.	551 to 552 Days.	553 to 554 Days.	555 to 556 Days.	557 to 558 Days.	559 to 560 Days.	561 to 562 Days.	563 to 564 Days.	565 to 566 Days.	567 to 568 Days.	569 to 570 Days.	571 to 572 Days.	573 to 574 Days.	575 to 576 Days.	577 to 578 Days.	579 to 580 Days.	581 to 582 Days.	583 to 584 Days.	585 to 586 Days.	587 to 588 Days.	589 to 590 Days.	591 to 592 Days.	593 to 594 Days.	595 to 596 Days.	597 to 598 Days.	599 to 600 Days.	601 to 602 Days.	603 to 604 Days.	605 to 606 Days.	607 to 608 Days.	609 to 610 Days.	611 to 612 Days.	613 to 614 Days.	615 to 616 Days.	617 to 618 Days.	619 to 620 Days.	621 to 622 Days.	623 to 624 Days.	625 to 626 Days.	627 to 628 Days.	629 to 630 Days.	631 to 632 Days.	633 to 634 Days.	635 to 636 Days.	637 to 638 Days.	639 to 640 Days.	641 to 642 Days.	643 to 644 Days.	645 to 646 Days.	647 to 648 Days.	649 to 650 Days.	651 to 652 Days.	653 to 654 Days.	655 to 656 Days.	657 to 658 Days.	659 to 660 Days.	661 to 662 Days.	663 to 664 Days.	665 to 666 Days.	667 to 668 Days.	669 to 670 Days.	671 to 672 Days.	673 to 674 Days.	675 to 676 Days.	677 to 678 Days.	679 to 680 Days.	681 to 682 Days.	683 to 684 Days.	685 to 686 Days.	687 to 688 Days.	689 to 690 Days.	691 to 692 Days.	693 to 694 Days.	695 to 696 Days.	697 to 698 Days.	699 to 700 Days.	701 to 702 Days.	703 to 704 Days.	705 to 706 Days.	707 to 708 Days.	709 to 710 Days.	711 to 712 Days.	713 to 714 Days.	715 to 716 Days.	717 to 718 Days.	719 to 720 Days.	721 to 722 Days.	723 to 724 Days.	725 to 726 Days.	727 to 728 Days.	729 to 730 Days.	731 to 732 Days.	733 to 734 Days.	735 to 736 Days.	737 to 738 Days.	739 to 740 Days.	741 to 742 Days.	743 to 744 Days.	745 to 746 Days.	747 to 748 Days.	749 to 750 Days.	751 to 752 Days.	753 to 754 Days.	755 to 756 Days.	757 to 758 Days.	759 to 760 Days.	761 to 762 Days.	763 to 764 Days.	765 to 766 Days.	767 to 768 Days.	769 to 770 Days.	771 to 772 Days.	773 to 774 Days.	775 to 776 Days.	777 to 778 Days.	779 to 780 Days.	781 to 782 Days.	783 to 784 Days.	785 to 786 Days.	787 to 788 Days.	789 to 790 Days.	791 to 792 Days.	793 to 794 Days.	795 to 796 Days.	797 to 798 Days.	799 to 800 Days.	801 to 802 Days.	803 to 804 Days.	805 to 806 Days.	807 to 808 Days.	809 to 810 Days.	811 to 812 Days.	813 to 814 Days.	815 to 816 Days.	817 to 818 Days.	819 to 820 Days.	821 to 822 Days.	823 to 824 Days.	825 to 826 Days.	827 to 828 Days.	829 to 830 Days.	831 to 832 Days.	833 to 834 Days.	835 to 836 Days.	837 to 838 Days.	839 to 840 Days.	841 to 842 Days.	843 to 844 Days.	845 to 846 Days.	847 to 848 Days.	849 to 850 Days.	851 to 852 Days.	853 to 854 Days.	855 to 856 Days.	857 to 858 Days.	859 to 860 Days.	861 to 862 Days.	863 to 864 Days.	865 to 866 Days.	867 to 868 Days.	869 to 870 Days.	871 to 872 Days.	873 to 874 Days.	875 to 876 Days.	877 to 878 Days.	879 to 880 Days.	881 to 882 Days.	883 to 884 Days.	885 to 886 Days.	887 to 888 Days.	889 to 890 Days.	891 to 892 Days.	893 to 894 Days.	895 to 896 Days.	897 to 898 Days.	899 to 900 Days.	901 to 902 Days.	903 to 904 Days.	905 to 906 Days.	907 to 908 Days.	909 to 910 Days.	911 to 912 Days.	913 to 914 Days.	915 to 916 Days.	917 to 918 Days.	919 to 920 Days.	921 to 922 Days.	923 to 924 Days.	925 to 926 Days.	927 to 928 Days.	929 to 930 Days.	931 to 932 Days.	933 to 934 Days.	935 to 936 Days.	937 to 938 Days.	939 to 940 Days.	941 to 942 Days.	943 to 944 Days.	945 to 946 Days.	947 to 948 Days.	949 to 950 Days.	951 to 952 Days.	953 to 954 Days.	955 to 956 Days.	957 to 958 Days.	959 to 960 Days.	961 to 962 Days.	963 to 964 Days.	965 to 966 Days.	967 to 968 Days.	969 to 970 Days.	971 to 972 Days.	973 to 974 Days.	975 to 976 Days.	977 to 978 Days.	979 to 980 Days.	981 to 982 Days.	983 to 984 Days.	985 to 986 Days.	987 to 988 Days.	989 to 990 Days.	991 to 992 Days.	993 to 994 Days.	995 to 996 Days.	997 to 998 Days.	999 to 1000 Days.	1001 to 1002 Days.	1003 to 1004 Days.	1005 to 1006 Days.	1007 to 1008 Days.	1009 to 1010 Days.	1011 to 1012 Days.	1013 to 1014 Days.	1015 to 1016 Days.	1017 to 1018 Days.	1019 to 1020 Days.	1021 to 1022 Days.	1023 to 1024 Days.	1025 to 1026 Days.	1027 to 1028 Days.	1029 to 1030 Days.	1031 to 1032 Days.	1033 to 1034 Days.	1035 to 1036 Days.	1037 to 1038 Days.	1039 to 1040 Days.	1041 to 1042 Days.	1043 to 1044 Days.	1045 to 1046 Days.	1047 to 1048 Days.	1049 to 1050 Days.	1051 to 1052 Days.	1053 to 1054 Days.	1055 to 1056 Days.	1057 to 1058 Days.	1059 to 1060 Days.	1061 to 1062 Days.	1063 to 1064 Days.	1065 to 1066 Days.	1067 to 1068 Days.	1069 to 1070 Days.	1071 to 1072 Days.	1073 to 1074 Days.	1075 to 1076 Days.	1077 to 1078 Days.	1079 to 1080 Days.	1081 to 1082 Days.	1083 to 1084 Days.	1085 to 1086 Days.	1087 to 1088 Days.	1089 to 1090 Days.	1091 to 1092 Days.	1093 to 1094 Days.	1095 to 1096 Days.	1097 to 1098 Days.	1099 to 1100 Days.	1101 to 1102 Days.	1103 to 1104 Days.	1105 to 1106 Days.	1107 to 1108 Days.	1109 to 1110 Days.	1111 to 1112 Days.	1113 to 1114 Days.	1115 to 1116 Days.	1117 to 1118 Days.	1119 to 1120 Days.	1121 to 1122 Days.	1123 to 1124 Days.	1125 to 1126 Days.	1127 to 1128 Days.	1129 to 1130 Days.	1131 to 1132 Days.	1133 to 1134 Days.	1135 to 1136 Days.	1137 to 1138 Days.	1139 to 1140 Days.	1141 to 1142 Days.	1143 to 1144 Days.	1145 to 1146 Days.	1147 to 1148 Days.	1149 to 1150 Days.	1151 to 1152 Days.	1153 to 1154 Days.	1155 to 1156 Days.	1157 to 1158 Days.	1159 to 1160 Days.	1161 to 1162 Days.	1163 to 1164 Days.	1165 to 1166 Days.	1167 to 1168 Days.	1169 to 1170 Days.	1171 to 1172 Days.	1173 to 1174 Days.	1175 to 1176 Days.	1177 to 1178 Days.	1179 to 1180 Days.	1181 to 1182 Days.	1183 to 1184 Days.	1185 to 1186 Days.	1187 to 1188 Days.	1189 to 1190 Days.	1191 to 1192 Days.	1193 to 1194 Days.	1195 to 1196 Days.	1197 to 1198 Days.	1199 to 1200 Days.	1201 to 1202 Days.	1203 to 1204 Days.	1205 to 1206 Days.	1207 to 1208 Days.	1209 to 1210 Days.	1211 to 1212 Days.	1213 to 1214 Days.	1215 to 1216 Days.	1217 to 1218 Days.	1219 to 1220 Days.	1221 to 1222 Days.	1223 to 1224 Days.	1225 to 1226 Days.	1227 to 1228 Days.	1229 to 1230 Days.	1231 to 1232 Days.	1233 to 1234 Days.	1235 to 1236 Days.	1237 to 1238 Days.	1239 to 1240 Days.	1241 to 1242 Days.	1243 to 1244 Days.	1245 to 1246 Days.	1247 to 1248 Days.	1249 to 1250 Days.	1251 to 1252 Days.	1253 to 1254 Days.	1255 to 1256 Days.	1257 to 1258 Days.	1259 to 1260 Days.	1261 to 1262 Days.	1263 to 1264 Days.	1265 to 1266 Days.	1267 to 1268 Days.	1269 to 1270 Days.	1271 to 1272 Days.	1273 to 1274 Days.	1275 to 1276 Days.	1277 to 1278 Days.	1279 to 1280 Days.	1281 to 1282 Days.	1283 to 1284 Days.	1285 to 1286 Days.	1287 to 1288 Days.	1289 to 1290 Days.	1291 to 1292 Days.	1293 to 1294 Days.	1295 to 1296 Days.	1297 to 1298 Days.	1299 to 1300 Days.	1301 to 1302 Days.	1303 to 1304 Days.	1305 to 1306 Days.	1307 to 1308 Days.	1309 to 1310 Days.	1311 to 1312 Days.	1313 to 1314 Days.	1315 to 1316 Days.	1317 to 1318 Days.	1319 to 1320 Days.	1321 to 1322 Days.	1323 to 1324 Days.	1325 to 1326 Days.	1327 to 1328 Days.	1329 to 1330 Days.	1331 to 1332 Days.	1333 to 1334 Days.	1335 to 1336 Days.	1337 to 1338 Days.	1339 to 1340 Days.	1341 to 1342 Days.	1343 to 1344 Days.	1345 to 1346 Days.	1347 to 1348 Days.	1349 to 1350 Days.	1351 to 1352 Days.	1353 to 1354 Days.	1355 to 1356 Days.	1357 to 1358 Days.	1359 to 1360 Days.	1361 to 1362 Days.	1363 to 1364 Days.	1365 to 1366 Days.	1367 to 1368 Days.	1369 to 1370 Days.	1371 to 1372 Days.	1373 to 1374 Days.	1375 to 1376 Days.	1377 to 1378 Days.	1379 to 1380 Days.	1381 to 1382 Days.	1383 to 1384 Days.	1385 to 1386 Days.	1387 to 1388 Days.	1389 to 1390 Days.	1391 to 1392 Days.	1393 to 1394 Days.	1395 to 1396 Days.	1397 to 1398 Days.	1399 to 1400 Days.	1401 to 1402 Days.	1403 to 1404 Days.	1405 to 1406 Days.	1407 to 1408 Days.	1409 to 1410 Days.	1411 to 1412 Days.	1413 to 1414 Days.	1415 to 1416 Days.	1417 to 1418 Days.	1419 to 1420 Days.	1421 to 1422 Days.	1423 to 1424 Days.	1425 to 1426 Days.	1427 to 1428 Days.	1429 to 1430 Days.	1431 to 1432 Days.	1433 to 1434 Days.	1435 to 1436 Days.	1437 to 1438 Days.	1439 to 1440 Days.	1441 to 1442 Days.	1443 to 1444 Days.	1445 to 1446 Days.	1447 to 1448 Days.	1449 to 1450 Days.	1451 to 1452 Days.	1453 to 1454 Days.	1455 to 1456 Days.	1457 to 1458 Days.	1459 to 1460 Days.	1461 to 1462 Days.	1463 to 1464 Days.	1465 to 1466 Days.	1467 to 1468 Days.	1469 to 1470 Days.	1471 to 1472 Days.	1473 to 1474 Days.	1475 to 1476 Days.	1477 to 1478 Days.	1479 to 1480 Days.	1481 to 1482 Days.	1483 to 1484 Days.	1485 to 1486 Days.	1487 to 1488 Days.	1489 to 1490 Days.	1491 to 1492 Days.	1493 to 1494 Days.	1495 to 1496 Days.	1497 to 1498 Days.	1499 to 1500 Days.	1501 to 1502 Days.	1503 to 1504 Days.	1505 to 1506 Days.	1507 to 1508 Days.	1509 to 1510 Days.	1511 to 1512 Days.	1513 to 1514 Days.	1515 to 1516 Days.	1517 to 1518 Days.	1519 to 1520 Days.	1521 to 1522 Days.	1523 to 1524 Days.	1525 to 1526 Days.	1527 to 1528 Days.	1529 to 1530 Days.	1531 to 1532 Days.	1533 to 1534 Days.	1535 to 1536 Days.	1537 to 1538 Days.	1539 to 1540 Days.	1541 to 1542 Days.	1543 to 1544 Days.	1545 to 1546 Days.	1547 to 1548 Days.	1549 to 1550 Days.	1551 to 1552 Days.	1553 to 1554 Days.	1555 to 1556 Days.	1557 to 1558 Days.	1559 to 1560 Days.	1561 to 1562 Days.	1563 to 1564 Days.	1565 to 1566 Days.	1567 to 1568 Days.	1569 to 1570 Days.	1571 to 1572 Days.	1573 to 1574 Days.	1575 to 1576 Days.	1577 to 1578 Days.	1579 to 1580 Days.	1581 to 1582 Days.	1583 to 1584 Days.	1585 to 1586 Days.	1587 to 1588 Days.	1589 to 1590 Days.	1591 to 1592 Days.	1593 to 1594 Days.	1595 to 1596 Days.	1597 to 1598 Days.	1599 to 1600 Days.	1601 to 1602 Days.	1603 to 1604 Days.	1605 to 1606 Days.	1607 to 1608 Days.	1609 to 1610 Days.	1611 to 1612 Days.	1613 to 1614 Days.	1615 to 1616 Days.	1617 to 1618 Days.	1619 to 1620 Days.	1621 to 1622 Days.	1623 to 1624 Days.	1625 to 1626 Days.	1627 to 1628 Days.	1629 to 1630 Days.	1631 to 1632 Days.	1633 to 1634 Days.	1635 to 1636 Days.	1637 to 1638 Days.	1639 to 1640 Days.	1641 to 1642 Days.	1643 to 1644 Days.	1645 to 1646 Days.	1647 to 1648 Days.	1649 to 1650 Days.	1651 to 1652 Days.	1653 to 1654 Days.	1655 to 1656 Days.

CASES. WITH OPERATION.	No. AND SEX.			RECOVERIES & D'THS.		AGES OF PATIENTS RECOVERED.						AGES OF PATIENTS.—DEATHS.						LARYNGOTOMY.				LARYNGO- TRACHEOTOMY.				TRACHEOTOMY.				F'IGN BODY R'VD OR NOT.		CAUSE OF DEATH.				VOICE LOST OR IMP'R'D.		PUB. OR NOT.							
	Total No.	Male.	Female.	Deaths.	Per Cent of Recov- eries.	Per Cent of Deaths.	Under 1 Year.	1 to 2 Years.	2 to 3 Years.	3 to 4 Years.	4 to 5 Years.	5 to 10 Years.	Over 10 Years.	Under 1 Year.	1 to 2 Years.	2 to 3 Years.	3 to 4 Years.	4 to 5 Years.	5 to 10 Years.	Over 10 Years.	Total.	Rec'v'ed	Died.	Per Cent of Rec'v'ries	Per Cent of Deaths.	Total.	Rec'v'ed	Died.	Per Cent of Rec'v'ries	Per Cent of Deaths.	Total.	Rec'v'ed	Died.	Per Cent of Rec'v'ries	Per Cent of Deaths.	Removed.	Not Removed.	Asphyxia.	Hemor- rhage.	Exhaus- tion.	Pneu- monia.	Other Causes.	Lost.	Impaired.	Published
Total No. of Cases	338	192	142	245	93	72.48	27.42	12	40	35	22	16	68	43	12	31	15	8	9	14	4	36	30	6	83.33	16.66	26	19	7	73.07	26.93	276	196	80	71.02	28.98	20	73	19	5	19	71	267		
Grains of Corn	85	53	31	66	19	77.64	22.36	0	13	10	8	13	40	20	0	7	3	1	3	0	9	6	0	100	0	4	3	1	75	25	75	57	18	76	24	13	8	1	2	11	74				
Watermelon Seeds	34	20	14	26	8	76.47	23.53	0	8	6	2	5	0	2	0	3	0	0	0	0	9	8	0	88.88	11.12	2	1	0	50	50	23	17	6	73.91	26.09	0	0	3	1	7	27				
Beans	39	17	22	24	15	61.54	38.46	0	5	5	1	0	1	0	0	3	2	1	0	0	2	2	2	100	0	2	2	1	50	50	35	22	13	62.85	37.15	0	15	3	4	6	33				
Grains of Coffee	23	13	12	14	11	56.00	44.00	0	3	5	0	1	0	0	0	3	0	0	0	0	2	2	0	0	100	0	2	1	1	50	50	21	13	8	61.91	38.09	0	6	4	1	2	23			
Seeds, various kinds	36	26	9	27	9	75.00	25.00	0	0	5	1	0	12	3	0	0	0	0	0	0	2	2	0	100	0	1	0	0	100	0	33	25	8	75.75	24.25	0	8	0	2	11	25				
Cockleburrs	11	7	4	11	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	
Miscellaneous	108	56	50	77	31	71.29	28.71	0	11	8	4	4	20	16	0	9	6	1	5	4	12	11	1	91.66	8.34	15	12	3	80	20	81	54	27	66.66	33.34	8	23	5	13	6	34	74			

Sex not stated, 4.

Age not stated, 9.

REMOVED BY OPERATION OTHER THAN BRONCHOTOMY.	NO. AND SEX.		RECOV. AND DEATHS.	HOW SOON REMOVED.													HOW REMOVED.					WHERE LOCATED.		PUR. OR NOT.			
	Female.	Male.		Total No.	Died.	Recovered.	Under 1 Day.	1 to 2 Days.	2 to 3 Days.	3 to 4 Days.	4 to 5 Days.	5 to 6 Days.	6 to 7 Days.	1 to 2 Weeks.	2 to 3 Weeks.	3 to 4 Weeks.	Over 1 Month.	Forceps and Lar.-Mirror.	Forceps.	Probang.	Wire Hook.	Finger.	Larynx.	Trachea.	Not stated.	Published.	Not Published.
	23	40	63	1	62	39	7	4	2	0	0	1	3	0	1	2	28	20	2	3	8	39	3	21	5	58	

Not stated, 4

Not stated, 2.

Total No. Cases Not Published, 897
Total No. Cases Published, 103

Grand Total, 1,000

and

and

and